

10-24-05

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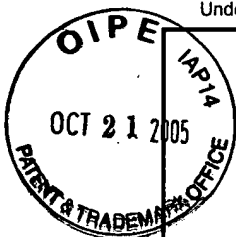


PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>Application Number</b>		<b>10/697,737</b>
<b>Filing Date</b>		<b>October 29, 2003</b>
<b>First Named Inventor</b>		<b>NIXON, DOUGLAS</b>
<b>Group Art Unit</b>		<b>1655</b>
<b>Examiner Name</b>		<b>WINSTON, RANDALL O.</b>
<b>Attorney Docket Number</b>		<b>GLAD-005DIV</b>
<b>Total Number of Pages in This Submission</b>		

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Return Postcard
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

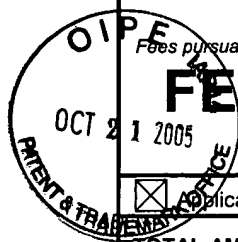
<b>Signing Attorney/Agent (Reg. No.)</b>	<b>PAULA A. BORDEN, 42,344</b> <b>BOZICEVIC, FIELD &amp; FRANCIS, LLP</b>
<b>Signature</b>	
<b>Date</b>	<b>October 21, 2005</b>

**EXPRESS MAIL LABEL NO. EV 687 633 645 US**

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

## Complete if Known

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**50.00**

Application Number	10/697,737
Filing Date	October 29, 2003
First Named Inventor	NIXON, DOUGLAS
Examiner Name	WINSTON, RANDALL O.
Art Unit	1655
Attorney Docket No.	GLAD-005DIV

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: **50-0815** Deposit Account Name: **Bozicevic, Field and Francis LLP**  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u><b>Total Claims</b></u>		<u><b>Extra Claims</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Fee Paid (\$)</b></u>	<u><b>Multiple Dependent Claims</b></u>	
<u>24</u>	- 20 or HP =	<u>2</u>	x <u>25</u>	= <u>50.00</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20						
<u><b>Indep. Claims</b></u>		<u><b>Extra Claims</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Fee Paid (\$)</b></u>		
<u>2</u>	- 3 or HP =		x	=		
HP = highest number of independent claims paid for, if greater than 3						

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

## SUBMITTED BY

Signature

Registration No.

(Attorney/Agent) **42,344**

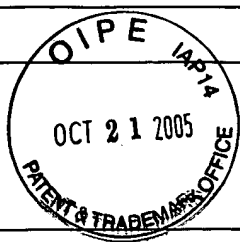
Telephone (650) 327-3400

Name (Print/Type)

**Paula A. Borden**Date **10/21/2005**

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Express Mail No. EV 687 633 645 US

<b>AMENDMENT UNDER 37 C.F.R. §1.111</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Confirmation No.	GLAD-005 DIV 9050
	First Named Inventor	NIXON, DOUGLAS
	Application Number	10/697,737
	Filing Date	October 29, 2003
	Group Art Unit	1655
	Examiner Name	WINSTON, RANDALL O.
	Title	METHODS OF DETECTING SPECIFIC CELL LYSIS

Sir:

This amendment is responsive to the Office Action dated July 28, 2005, for which a three-month period for response was given, making this response due on or before October 28, 2005. Accordingly, this response is timely filed.

In view of the remarks put forth below, reconsideration and allowance are respectfully requested.

10/26/2005 BABRAHA1 00000014 10697737

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